

Request for Consortium Formation

For 2006-09 W-2 and Related Programs Contract Period
(Required for a consortium)

For Right of First Selection (RFS) and non-RFS Areas for 2006

Please print or type in all spaces except signature.

Consortium Lead Agency

1. Lead Agency Name			2. Contract Period	
3. Name of Proposed Consortium		4. WDA		
5. W-2 Geographic Area(s) proposed for inclusion in the consortium. List name of geographic area and check appropriate boxes:				
Name of proposed Geographic Area	RFS	Non-RFS	Administered by Lead Agency in 2004-2005 W-2 Contract	Not Administered by Lead Agency in 2004-2005 W-2 Contract

Response Item:

Responses to the following items are required in order to assess your plans to form a consortium.
Describe your agency's plan for forming a consortium. Include the following in your response:

6. Timeline for development of the consortium, including the process for developing agreements and/or subcontracts.

7. Administrative efficiencies of forming a consortium, including specifics on staffing and budget, an estimate on anticipated savings.

8. Process for member agencies to report expenses and your plan for monitoring member agencies' expenses and consortium efficiencies.

9. Advantages to individuals and families in terms of access to a full range of services, including connections with employers and other workforce supports.

10. Plan for monitoring the quality of service delivery, including frequency and type of monitoring you will conduct on member agencies, analyzing member agencies' performance and outcomes, and the actions you as the Lead Agency will take to improve the quality of services delivered by the member agencies.

11. Other information to explain your plan for and benefits of the proposed consortium.

Lead Agency Director Name or Designee (If designee, attach Designee Authorization)

Signature

Date of Signature

Attach signed Letters of Agreement from authorized representatives of RFS agencies voluntarily agreeing to the proposed consortium formation.

Attach Letters of support, if available, from the signature authority of a Non-RFS area included in the proposed Consortium.

FOR STATE USE ONLY

Approvals

Division of Workforce Solutions Administrator

Signature

Date of Signature